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'The Obstacle is the Way': Methodological Challenges and Opportunities for Video-Reflexive Ethnography During COVID-19

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Abstract

The COVID-19 pandemic greatly impacted research. In this article, we explore the opportunities and challenges presented by the pandemic to a group of researchers using video-reflexive ethnography (VRE) – a methodology used to understand practices, grounded in: exnovation, collaboration, reflexivity, and care. To understand how the pandemic impacted researchers using VRE, we facilitated two focus groups with 12 members of the International Association of Video-Reflexive Ethnographers. The findings suggest the pandemic exacerbated existing methodological challenges, yet also provided an opportunity reflect on our own practices as researchers, namely: accessing sites, building relationships, facilitating reflexive sessions, and cultivating care. Due to public health measures, some researchers used insiders to access sites. While these insiders shouldered additional burdens, this shift might have empowered participants, increased the salience of the project, and enabled access to rural sites. The inability to access sites and reliance on insiders also impeded researcher ability to build relationships with participants and generate the ethnographic insights often associated with prolonged engagement at a site. In reflexive sessions, researchers had to learn how to manage the technological, logistical, and methodological challenges associated with either themselves or participants being remote. Finally, participants noted that while the transition to more digital methodologies might have increased project reach, there needed to be a mindfulness around cultivating practices of care in the digital world to ensure psychological safety and protect participants data. These findings reflect the opportunities and challenges a group of researchers using VRE had during the pandemic and can be used to stimulate future methodologic discussions.

Keywords

focus groups, video reflexive ethnography, COVID-19, virtual environments, methodological challenges

Introduction

The COVID-19 pandemic was and continues to be a major global disruption. In healthcare, beyond the direct impacts on patients, their families, and those caring for patients, the pandemic impacted those who work to understand and improve the delivery of care. At the onset of the pandemic, researchers who study healthcare were challenged (Tremblay et al., 2021; Varma et al., 2021), as access to healthcare settings was restricted for their safety as well as the safety of patients, carers, and healthcare professionals.

One group of researchers that was especially impacted were ethnographers who are traditionally embedded within their chosen setting for prolonged periods. Some ethnographic studies were delayed or cancelled, while others proceeded (Abad Espinoza, 2022; Fine & Abramson, 2020; Saleh, 2021; Shojaei & Salari, 2021; Watson & Lupton, 2022). Those that proceeded often had to change their approach. These changes introduced trade-offs. In this article, we present the

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modifications made, and discuss the trade-offs experienced by researchers using video-reflexive ethnography (VRE).

Video-Reflexive Ethnography

VRE is a qualitative research approach commonly used to examine workplace practices. It can help to reveal previously unseen or unknown everyday tasks. VRE typically addresses the oft-cited chasm between research evidence and practice (Iedema et al., 2006), particularly in healthcare – a context characterised by constant change and complexity (Carroll & Mesman, 2018; Iedema, 2018; Iedema & Carroll, 2011; Iedema et al., 2019).

VRE invites participants to: feature in and/or gather visual data (V); interpret the data by "monitor[ing] and affect[ing] events, conducts and contexts in situ" (Iedema, 2011, p. i84) (R); and use different research methods to suspend and understand practices and experiences in situ (E). VRE thus represents a powerful channel to translate knowledge into practice (Iedema et al., 2006) – this is because video-recordings can attune people to personal and interpersonal dimensions they might not otherwise have considered (Iedema et al., 2012; Mertens, 2009). VRE is a well-established methodology and has been successfully used to address different health(care) issues in different settings (Collier, 2013; Collier & Wyer, 2016; Gordon et al., 2017; Iedema et al., 2013; Yang, 2015), including: intensive care (Carroll et al., 2008); infection control (Dadich et al., 2018; Gilbert et al., 2020; Manojlovich et al., 2019; Wyer et al., 2017); as well as medical education (Ajjawi et al., 2020; Noble et al., 2019; Urquhart et al., 2018).

VRE is undergirded by four principles – namely: exnovation; collaboration; reflexivity; and care, each with methodological and ethical derivatives (Iedema et al., 2019) (see Table 1). Exnovation helps to "foreground what is already present – though hidden or overlooked – in specific practices, to render explicit what is implicit in them" (Mesman, 2011, p. 72). This principle enables VRE researchers to accentuate the practices of clinicians, managers, patients, and/or carers to inform and enact change (Collier, 2016). This cannot be achieved without researcher-participant trust and collaboration (Carroll & Mesman, 2018). Reflexivity represents a form of collective social inquiry – "Reflexivity manifests as a sense in practitioners that there are situations or impending problems that need addressing… In short, reflexivity is a fully internalised and socially distributed monitoring and adjusting of the safety gradient of practice" (Iedema, 2011, p. i84). VRE is also anchored by care, whereby the deliberation of new ways of doing can only be realised when trust and safety exist to enable incisive scrutiny (Iedema, 2018).

Given the protracted nature of COVID-19 and the likelihood of future pandemics (Aguirre et al., 2020), it is important to harness lessons from researchers who effectively modified their practices to accommodate COVID-19, thereby advancing scholarship on qualitative methods. As such, this article discusses how VRE researchers effectively managed the challenges of COVID-19.

Methods

To understand the impact of the COVID-19 pandemic on VRE, we queried members of the International Association of Video-Reflexive Ethnographers (VRE-IA) – a global alliance of researchers and practitioners who meet monthly to discuss members' current studies, share how VRE is operationalised and adapted, as well as critique relevant publications. Established in 2015, the association has 74 members (at time of writing) who represent myriad disciplines and clinical specialities; these include (but are not limited to) management, sociology, psychology, nursing, infection control, and critical care. Despite these differences, members share their use of, or interest in VRE.

Following clearance from the relevant ethics committee (reference number: 2021/11/14), we collected qualitative data via two focus groups in February and March 2022, which were digitally-recorded and transcribed. The focus groups were used to solicit data on how COVID-19 affected researcher use of VRE; how they managed these challenges; and the associated effects. The qualitative data were thematically analysed and distilled to clarify how VRE can be used in a post-COVID-19 world. This involved: "1) data familiarisation and writing familiarisation notes; 2) systematic data coding; 3) generating initial themes from coded and collated data; 4) developing and reviewing themes; [and] 5) refining, defining and naming themes" (Braun & Clarke, 2020, p. 331).

Results

Twelve researchers participated in at least one of two focus groups, with two researchers participating in both. From the focus groups, we constructed four broad thematic challenges that arose from attempting to conduct VRE during the COVID-19 pandemic – namely: accessing sites; building

Table 1. Video-Reflexive Ethnography Key Principles.

Principle	Description
Exnovation	Change is catalysed based on examining existing practices that exist within (rather than importing new ones)
Collaboration	Practices are examined and insights developed with participants' (as opposed to being developed in isolation by the researcher)
Reflexivity	Insights are gained through participants thoughtful viewing of videoed practices and discussing what they see with colleagues
Care	Psychological safety for participants is prioritised at all stages of the project

relationships; facilitating reflexive sessions; and cultivating care. These challenges were exacerbations of existing methodological challenges:

> it's amplified… the normal types of problems or challenges you would have, whether it's access, whether it's keeping the team on the same page, whether it's busy people and engaging them and ensuring that they can participate in an inclusive way and… being responsive… it feels like an amplification of existing issues (VRE-1).

Participants indicated that their experiences during COVID-19 were challenging, but not all challenges negatively impacted their ability to conduct VRE. Indeed, some challenges were viewed as opportunities to further explore the methodological flexibility of VRE:

> what I like about VRE is its inherent flexibility. So, it has the possibility to make it tailormade to the setting and if the setting is in flux, because we're all in a pandemic, then we move along in this change, and… one of the advantages of VRE… [is its] flexibility… that made it… possible to continue, while for a number methods, that's not possible; you have to stop right away because the whole fixed procedure doesn't work anymore. So that is an advantage (VRE-2).

Accessing Sites

Due to the risk of becoming infected with or transmitting COVID-19, participants noted that many VRE studies were cancelled:

> you couldn't do much with patients… you either didn't really want to bother people who were already a bit terrified about having COVID or even if they weren't, access to COVID wards wasn't as easy (VRE-3).

Yet, other studies continued with modifications to reduce the risk of harm to participants and researchers. For example, researchers became more dependent on insiders, such as clinicians. This reduced researcher control over the data that were collected and potentially burdened participants – this is because some of the workload normally shouldered by researchers was shifted to participants; this burden was potentially exacerbated by difficulties with staffing healthcare services during the pandemic.

Despite the disadvantages that arose from reduced site access, participants noted that greater participant involvement offered benefits. For instance, it might have: increased the salience of the project among participants; empowered participants; expanded research access to rural sites; and ultimately improved the feasibility of the project through reduced costs:

> when you give participants the control over what they want to video… it seen as a way of empowering your participants to

become genuine co-researchers… there's… the flip side… that is a form of labour as well… It is asking more of them (VRE-4).

> we then converted it to be more participant-driven because it meant that there were less outsiders and that was obviously a financial implication as well in terms of the rurality of needing to travel to and from the site (VRE-5).

Building Relationships

Reduced access to healthcare settings hindered researcher ability to build relationships with participants, observe their practices in context, and generate the ethnographic insights that often come with prolonged engagement. According to some of the participating researchers, this hindered their ability to harness the benefits typically associated with VRE:

> if you are at a distance as a researcher from the context in which participants are filming, then the role in which you play as a facilitator of the reflexive discussion becomes different because you don't have… the ethnographic insights into what you might see as normal in that particular situation to contrast with what the participant sees… what they see as normal or what they see in the footage as different from that normal (VRE-4).

While these ethnographic insights could be gathered through discussion with those who were onsite, this required greater reliance on how they chose to enact VRE, the decisions they made, and their interpretations of the data. For instance, some of the researchers who participated in the focus groups spoke of the queries they had of colleagues who had onsite presence and therefore assumed responsibility for data collection:

> I actually interviewed the person who had taken the videos… it was a chance to… ask those questions… 'Why did you stop filming at this particular point when the nurse walked in?… it was a way of kind of unpacking that, which I did prior to the reflexive sessions… [and] had a bit more of the context around what was happening in the videos because the sound was actually quite challenging… [and] then be able to use that information as part of that reflexive session or some background to that (VRE-5).

Facilitating Reflexive Sessions

VRE researchers faced several difficulties when facilitating reflexive sessions. Reflexive sessions are a key method in VRE, where participants who have been videoed or are connected to the video, reflect on their own practices. During the pandemic, these were challenging to facilitate remotely due to technological, logistical (e.g., site access), and methodological challenges. Technologically, researchers were challenged by working out how to share the videos and capture the associated discussion, remotely – furthermore,

personal protective equipment made it difficult to capture sounds and facial expressions:

> subsequent ones we have had have masks… sometimes it is hard to… hear what people are saying or get the kind of nuance of how they are feeling about something (*VRE-3*).

> it is important… to comment on potentially losing the capacity to check in with people's emotions and to read what's going on for people (*VRE-6*).

Logistically, some researchers found it difficult to coordinate hybrid sessions that included both in-person and remote participants:

> we had a big problem because… people online couldn't hear what was happening on the footage and the people in the room couldn't [hear the online contributions]… you often need two people, one person running the kind of Zoom-side of things and the other person (*VRE-3*).

Methodologically, reflexive sessions are typically conducted in groups; however, to increase participant safety, some researchers conducted these individually. While necessary, this approach can curtail a VRE study because group-based reflexive sessions (like focus groups) enable participants to inform each other's contributions. Furthermore, when facilitated remotely, the individual reflexive sessions limited researcher ability to observe and query participants as they generated reflexive insights:

> she sent the videos to people in advance, so that the effect of seeing people watch themselves or each other is something that she wasn't really able to say much about (*VRE-6*).

This is not to suggest that all was lost via this novel approach to VRE. The global pandemic inspired different ways to manage the tyranny of distance and enable VRE studies to continue, regardless:

> [One VRE researcher] changed her programme from sitting down with people to sending people videos and then interviewing them afterwards and not doing by group, but one-on-one… the things that she came up with were really quite ground-breaking. Since that… she was able to show people that they had whole swathes of practice that they weren't really attuned too… that idea of exnovation… people become aware of what is with the effect of people being able to intervene in what is (*VRE-6*).

Cultivating Care

One of the key methodological tenets of VRE is care. The VRE researchers took care to minimise the risk of COVID-19 infection and transmission. When discussing safety, the participants reflected on how these changes, which were meant to improve participants' physical safety, might impact participants' psychological safety. Specifically, the VRE researchers noted that special attention to care was needed when discussing sensitive topics:

> we haven't done anything particularly sensitive, but if we did, I would be very concerned about doing it online because anybody can record anything online without you knowing… So that would be something that would concern me… When we show footage of somebody doing, quote unquote, the wrong thing… we would make sure to do in a very protected way… It's not something you can control as much online and so I will be more hesitant to do that (*VRE-4*).

Arguably, cultivating care when using VRE during the pandemic, heightened participants' reflexivity and reflectivity, whereby the latter refers to "thinking back to an event and assessing it and our conduct in relation to it" (Iedema, 2011, p. i83). Preparing for and conducting fieldwork – even at arm's length – required them to consider how to establish rapport with (prospective) participants, optimise their engagement, as well as foresee and manage challenges, while adhering to the requirements of their institutional ethics committees. This was aided by situated ethics. A situated ethics "acknowledges the uniqueness and complexity of each situation and any ethical decision needs to take cognisance of the precise way in which many… factors are played out in the specific socio-political context" (Piper & Simons, 2005, p. 58). This is not suggest the futility of ethical guidelines and policies – but rather, these were "mediated by the local and specific" (Simons & Usher, 2000, p. 2):

> you couldn't list definitively what that is – [what to do and not do]… you just have to be guided by care; the principle of care (*VRE-3*).

Discussion

Building on previous research (Tremblay et al., 2021; Varma et al., 2021), we identified several challenges that researchers faced when using VRE during the COVID-19 pandemic. For example, we identified that masks and asynchronous sessions might make it difficult to check in with participants' emotions during reflexive sessions. This aligns with other studies suggesting that masks can impair the recognition of emotion (Grundmann et al., 2021; Marini et al., 2021; Saito et al., 2022) and asynchronous sessions might impact reflexivity and emotional expressions of emotions (Williams et al., 2012). We also identified opportunities that emerged from these challenges, such as the potential to improve access and equity through the increased use of technology. However, these benefits come with trade-offs – for instance, a greater reliance on technology to facilitate reflexive sessions can compromise

rapport and the ethnographic insights that come with prolonged engagement.

Despite the value of the findings presented in this article, two methodological limitations warrant mention. First, given the cross-sectional nature of the research design, the findings are likely to have a limited lifespan. Second, despite the international nature of the sample, given the limited sample size, there are no claims that the findings are generalisable to different contexts.

Notwithstanding the aforesaid limitations, the findings presented in this study are important for (at least) three key reasons. First, akin to others' findings (Watson & Lupton, 2022), they suggest that, while the global pandemic compromised aspects of VRE, it also opened opportunities. Second, they prompt a critical consideration of how to meaningfully involve participants in a VRE study, without overburdening them or worse still, taking advantage of their generosity. Third, the findings offer fertile ground for further methodological inquiry to test the limits of the flexibility afforded by VRE. Harnessing the contributions offered by the researchers involved in this study, this might involve comparing participant experiences with group-based reflexive sessions that are: solely facilitated in-person; solely facilitated via web-conference; and simultaneously facilitated in-person and via web-conference, with the opportunity for both groups to convene to share their reflexions. In might also involve using VRE remotely – that is, without researcher access to a site – to examine sensitive topics; these might include adverse healthcare incidents, mental health and/or substance use issues, or workplace bullying. These, and perhaps other methodological experiments will enable us to clarify what is and is not feasible or ethically appropriate as we prepare for another wave of COVID-19 and future pandemics.

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